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2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0037002</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Lexington of Streamwood</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/01</u> to <u>12/31/01</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>																							
Address: <u>815 E. Irving Park Road</u> <u>Streamwood</u> <u>60107</u>																									
<div>NumberCityZip Code</div>																									
County: <u>Cook</u>																									
Telephone Number: <u>(630) 837-5300</u> Fax # <u>(630) 213-9076</u>																									
IDPA ID Number: <u>363748803001</u>		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td></tr><tr><td>(Telephone) <u>(312) 634-3400</u> Fax # <u>(312) 634-5518</u></td></tr><tr><td>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	Paid Preparer	(Print Name and Title) _____	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	(Telephone) <u>(312) 634-3400</u> Fax # <u>(312) 634-5518</u>	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630												
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	MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																								
Date of Initial License for Current Owners: <u>07/08/91</u>																									
Type of Ownership:																									
<table><tr><td><input type="checkbox"/> VOLUNTARY,NON-PROFIT</td><td><input checked="" type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code _____</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input checked="" type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td><td></td></tr></table>		<input type="checkbox"/> VOLUNTARY,NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____	
<input type="checkbox"/> VOLUNTARY,NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																							
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	<input type="checkbox"/> Limited Liability Co.																								
	<input type="checkbox"/> Trust																								
	<input type="checkbox"/> Other _____																								
In the event there are further questions about this report, please contact: Name: <u>Charles J. Fischer</u> Telephone Number: <u>(312) 634-3400</u> Please send copy of any desk review or audit adjustments to address on this page																									

SEE ACCOUNTANTS' COMPILATION REPORT

#	0037002	Report Period Beginning:	1/1/01	Ending:	12/31/01
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D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☒ NO ☐ Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 07/08/91

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date **New Construction** NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 34 and days of care provided 5,064

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL	<input checked="" type="checkbox"/>	MODIFIED CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>
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Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/01 **Fiscal Year:** 12/31/01

*** All facilities other than governmental must report on the accrual basis.**

B. Census-For the entire report period.

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) **82.98%**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Streamwood # 0037002 Report Period Beginning: 1/1/01 Ending: 12/31/01

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	311,293	31,352	15,996	358,641		358,641		358,641			1
2	Food Purchase		269,292		269,292		269,292	(11,179)	258,113			2
3	Housekeeping	272,271	43,494		315,765		315,765		315,765			3
4	Laundry	65,934	23,198		89,132		89,132	(4,303)	84,829			4
5	Heat and Other Utilities			203,715	203,715		203,715	3,198	206,913			5
6	Maintenance	62,393		129,835	192,228		192,228	(8,804)	183,424			6
7	Other (specify):*											7
8	TOTAL General Services	711,891	367,336	349,546	1,428,773	0	1,428,773	(21,088)	1,407,685			8
	B. Health Care and Programs											
9	Medical Director			15,375	15,375		15,375		15,375			9
10	Nursing and Medical Records	2,807,441	269,598	315,365	3,392,404		3,392,404		3,392,404			10
10a	Therapy			514,598	514,598		514,598		514,598			10a
11	Activities	187,724	21,120	3,745	212,589		212,589		212,589			11
12	Social Services	61,730		30,645	92,375		92,375		92,375			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,056,895	290,718	879,728	4,227,341	0	4,227,341	0	4,227,341			16
	C. General Administration											
17	Administrative	196,505		347,311	543,816		543,816	(347,311)	196,505			17
18	Directors Fees											18
19	Professional Services			56,818	56,818		56,818	(3,908)	52,910			19
20	Dues, Fees, Subscriptions & Promotions			45,310	45,310		45,310	3,292	48,602			20
21	Clerical & General Office Expenses	423,850	30,514	27,074	481,438		481,438	21,239	502,677			21
22	Employee Benefits & Payroll Taxes			547,280	547,280		547,280	57,713	604,993			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,244	4,244		4,244	1,672	5,916			24
25	Other Admin. Staff Transportation			17	17		17	9,672	9,689			25
26	Insurance-Prop.Liab.Malpractice			111,920	111,920		111,920	2,382	114,302			26
27	Other (specify):*											27
28	TOTAL General Administration	620,355	30,514	1,139,974	1,790,843	0	1,790,843	(255,249)	1,535,594			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,389,141	688,568	2,369,248	7,446,957	0	7,446,957	(276,337)	7,170,620			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7**	8			
30	Depreciation			48,264	48,264		48,264	186,830	235,094			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,715	19,715		19,715	349,236	368,951			32
33	Real Estate Taxes							464,351	464,351			33
34	Rent-Facility & Grounds			1,660,708	1,660,708		1,660,708	(1,660,708)				34
35	Rent-Equipment & Vehicles			505	505		505	658	1,163			35
36	Other (specify):*											36
37	TOTAL Ownership			1,729,192	1,729,192	0	1,729,192	(659,633)	1,069,559			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,564	70,691	176,255		176,255		176,255			39
40	Barber and Beauty Shops			19,512	19,512		19,512		19,512			40
41	Coffee and Gift Shops			1,303	1,303		1,303		1,303			41
42	Provider Participation Fee			122,640	122,640		122,640		122,640			42
43	Other (specify):* Nonallowable costs			(1,804)	(1,804)		(1,804)	1,804				43
44	TOTAL Special Cost Centers	0	105,564	212,342	317,906	0	317,906	1,804	319,710			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,389,141	794,132	4,310,782	9,494,055	0	9,494,055	(934,166)	8,559,889			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(162)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(4,303)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(12,594)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,141)	43		13
14	Non-Care Related Interest	(7,121)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(450)	43		18
19	Entertainment				19
20	Contributions	(75)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(10,513)	43		24
25	Fund Raising, Advertising and Promotional	(9,440)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	23,323	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Schedule A	(11,573)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (34,049)		\$ 0	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(900,117)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (900,117)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (934,166)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule A

Schedule VI. Adjustment detail
Line 29, Other

Description	Amount	Reference
Nonallowable collections and out of period legal fees	(9,557)	19
Amortized deferred maintenance	931	6
Offset miscellaneous income	(2,947)	21
Total	<u>(11,573)</u>	

See Accountants' Compilation Report

STATE OF ILLINOIS

Page 5A

Lexington of Streamwood

ID#

0037002

Report Period Beginning:

1/1/01

Ending:

12/31/01

NON-ALLOWABLE EXPENSES

Amount

Sch. V Line
Reference

1	\$		1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
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35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lexington of Streamwood # 0037002 Report Period Beginning: 1/1/01 Ending: 12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(162)	0	0	0	0	0	0	0	0	0	0	(162)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(4,303)	0	0	0	0	0	0	0	0	0	0	(4,303)	4
5	Heat and Other Utilities	0	0	3,198	0	0	0	0	0	0	0	0	3,198	5
6	Maintenance	0	(10,801)	1,066	0	0	0	0	0	0	0	0	(9,735)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(4,465)	(10,801)	4,264	0	0	0	0	0	0	0	0	(11,002)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	(347,311)	0	0	0	0	0	0	0	(347,311)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	68	7,406	0	0	0	0	0	0	0	0	7,474	19
20	Fees, Subscriptions & Promotions	0	0	3,292	0	0	0	0	0	0	0	0	3,292	20
21	Clerical & General Office Expenses	0	2,786	21,400	0	0	0	0	0	0	0	0	24,186	21
22	Employee Benefits & Payroll Taxes	0	0	46,696	0	0	0	0	0	0	0	0	46,696	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,672	0	0	0	0	0	0	0	0	1,672	24
25	Other Admin. Staff Transportation	0	0	9,672	0	0	0	0	0	0	0	0	9,672	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	2,382	0	0	0	0	0	0	0	2,382	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	0	2,854	90,138	(344,929)	0	0	0	0	0	0	0	(251,937)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,465)	(7,947)	94,402	(344,929)	0	0	0	0	0	0	0	(262,939)	29

Summary B

12/31/01

Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
D. Ownership													
Depreciation	0	173,708	0	13,122	0	0	0	0	0	0	0	186,830	30
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
Interest	(19,715)	367,663	0	1,288	0	0	0	0	0	0	0	349,236	32
Real Estate Taxes	0	454,456	0	1,818	0	0	0	0	0	0	0	456,274	33
Rent-Facility & Grounds	0	(1,654,456)	0	0	0	0	0	0	0	0	0	(1,654,456)	34
Rent-Equipment & Vehicles	0	0	0	658	0	0	0	0	0	0	0	658	35
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
TOTAL Ownership	(19,715)	(658,629)	0	16,886	0	0	0	0	0	0	0	(661,458)	37
Ancillary Expense													
E. Special Cost Centers													
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
Other (specify):*	1,704	100	0	0	0	0	0	0	0	0	0	1,804	43
TOTAL Special Cost Centers	1,704	100	0	0	0	0	0	0	0	0	0	1,804	44
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(22,476)	(666,476)	94,402	(328,043)	0	0	0	0	0	0	0	(922,593)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
James Samatas	22.33%			Sambell of Streamwood		
John Samatas	22.33%	See attached Schedule B		Limited Partnership	Streamwood	Real estate ptsp.
Cynthia Thiem	22.34%			Royal Mgmt. Corp	Lombard	Mgmt. Co.
Jeffrey J. Bell Revocable Trust	8.25%			Lexington Financial		
Lawrence W. Bell Declaration of Trust	8.25%			Services, L.L.C.	Lombard	Finance Co.
David S. Bell Declaration of Trust	8.25%					
Dorothy D. Bell Declaration of Trust	8.25%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	6	Maintenance	\$ 10,801	Sambell of Streamwood Limited Partnership	**	\$	\$ (10,801)	1
2	V	19	Professional fees		Sambell of Streamwood Limited Partnership	**	68	68	2
3	V	21	Bank charges		Sambell of Streamwood Limited Partnership	**	195	195	3
4	V	21	Office supplies expense		Sambell of Streamwood Limited Partnership	**	2,591	2,591	4
5	V	30	Depreciation		Sambell of Streamwood Limited Partnership	**	173,708	173,708	5
6	V	32	Interest expense		Sambell of Streamwood Limited Partnership	**	362,910	362,910	6
7	V	32	Amortization of mortgage costs		Sambell of Streamwood Limited Partnership	**	4,753	4,753	7
8	V	33	Property taxes		Sambell of Streamwood Limited Partnership	**	454,456	454,456	8
9	V	34	Rental expense	1,654,456	Sambell of Streamwood Limited Partnership	**		(1,654,456)	9
10	V	43	State replacement tax		Sambell of Streamwood Limited Partnership	**	100	100	10
11	V								11
12	V		** The owners of Lexington Health Care Center of Streamwood, Inc. own 100% of Sambell of Streamwood Limited Partnership						12
13	V								13
14	Total			\$ 1,665,257			\$ 998,781	\$ * (666,476)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule B

VII. Related Parties
Related Nursing Homes

Name of facility

City

Lexington Health Care Center of Lombard, Inc.
Lexington Health Care Center of Bloomingdale, Inc.
Lexington Health Care Center of Elmhurst, Inc.
Lexington Health Care Center of LaGrange, Inc.
Lexington Health Care Center of Lake Zurich, Inc.
Lexington Health Care Center of Schaumburg, Inc.
Lexington Health Care Center of Chicago Ridge, Inc.
Lexington Health Care Center of Wheeling, Inc.
Lexington Health Care Center of Orland Park, Inc.

Lombard
Bloomingdale
Elmhurst
LaGrange
Lake Zurich
Schaumburg
Chicago Ridge
Wheeling
Orland Park

See Accountants' Compilation Report

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities - gas & electric	\$	Royal Management Corp.	**	\$ 2,829	\$ 2,829	15
16	V	5	Utilities - water & sewer		Royal Management Corp.	**	369	369	16
17	V	6	Repairs & maintenance		Royal Management Corp.	**	742	742	17
18	V	6	Scavenger & exterminating		Royal Management Corp.	**	310	310	18
19	V	6	Security service		Royal Management Corp.	**	14	14	19
20	V	19	Computer consultant & supplies		Royal Management Corp.	**	5,663	5,663	20
21	V	19	Professional fees		Royal Management Corp.	**	1,743	1,743	21
22	V	20	Advertising - help wanted		Royal Management Corp.	**	2,694	2,694	22
23	V	20	Dues & subscriptions		Royal Management Corp.	**	598	598	23
24	V	21	Bank charges		Royal Management Corp.	**	3,226	3,226	24
25	V	21	Communications		Royal Management Corp.	**	583	583	25
26	V	21	Office supplies & printing		Royal Management Corp.	**	6,960	6,960	26
27	V	21	Postage		Royal Management Corp.	**	2,939	2,939	27
28	V	21	Telephone		Royal Management Corp.	**	7,692	7,692	28
29	V	22	FICA		Royal Management Corp.	**	28,646	28,646	29
30	V	22	FUTA		Royal Management Corp.	**	591	591	30
31	V	22	SUTA		Royal Management Corp.	**	1,119	1,119	31
32	V	22	Insurance - W/C		Royal Management Corp.	**	361	361	32
33	V	22	Insurance - Hospitalization		Royal Management Corp.	**	11,962	11,962	33
34	V	22	401(k) and other emp. benefits		Royal Management Corp.	**	4,017	4,017	34
35	V	24	Travel & seminar		Royal Management Corp.	**	1,672	1,672	35
36	V	25	Auto expense		Royal Management Corp.	**	9,672	9,672	36
37	V								37
38	V		** Certain owners of Lexington Health Care Center of Streamwood, Inc. own 100% of Royal Management Corp.						38
39	Total			\$			\$ 94,402	\$ * 94,402	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance - general	\$	Royal Management Corp.	**	\$ 2,382	\$ 2,382	15
16	V	30	Depreciation - vehicles		Royal Management Corp.	**	4,027	4,027	16
17	V	30	Depreciation - leasehold improv.		Royal Management Corp.	**	2,479	2,479	17
18	V	30	Depreciation - equipment		Royal Management Corp.	**	6,616	6,616	18
19	V	32	Interest		Royal Management Corp.	**	1,288	1,288	19
20	V	33	Property taxes		Royal Management Corp.	**	1,818	1,818	20
21	V	35	Equipment rental		Royal Management Corp.	**	658	658	21
22	V	17	Management fees	347,311	Royal Management Corp.	**		(347,311)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V		** Certain owners of Lexington Health Care Center of Streamwood, Inc. own 100% of Royal Management Corp.						38
39	Total			\$ 347,311			\$ 19,268	\$ * (328,043)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Lexington of Streamwood # 0037002 Report Period Beginning: 1/1/01 Ending: 12/31/01

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Samatas	Owner/officer	Administrative	22.33%	See Schedule C	5	10.00%	Salary	\$ 40,322	L17, C1	1
2	John Samatas	Owner/officer	Admin/Plant Ops	22.33%	See Schedule C	2	4.00%	Salary	17,732	L17, C1	2
3	Cynthia Thiem	Owner/officer	Administrative	22.34%	See Schedule C	2	5.00%	Salary	22,250	L17, C1	3
4	George Samatas	Officer	Administrative	0.00%	See Schedule C	2	4.00%	Salary	9,084	L17, C1	4
5	Jason Samatas	VP of Operations	Administrative	0.00%	See Schedule C	7	14.00%	Salary	12,260	L17, C1	5
6											6
7											7
8						All individuals work in excess of 40 hours per week					8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 101,648		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule C

VII. Related Parties
C. Statement of Compensation and Other Payments to Owners, Relatives
and Members of the Board of Directors

5. Compensation Received From Other Nursing Homes

<u>Name of facility</u>	<u>John Samatas</u>	<u>James Samatas</u>	<u>Cynthia Thiem</u>	<u>George Samatas</u>	<u>Jason Samatas</u>	<u>Total</u>
Lexington Health Care Center of Bloomingdale, Inc.	13,615	30,961	17,085	6,975	9,414	78,050
Lexington Health Care Center of Chicago Ridge, Inc.	17,732	40,322	22,250	9,084	12,260	101,648
Lexington Health Care Center of Elmhurst, Inc.	11,728	26,672	14,718	6,009	8,110	67,237
Lexington Health Care Center of LaGrange, Inc.	8,628	19,621	10,827	4,420	5,966	49,462
Lexington Health Care Center of Lake Zurich, Inc.	16,123	36,664	20,230	8,260	11,148	92,425
Lexington Health Care Center of Lombard, Inc.	17,732	40,322	22,250	9,084	12,260	101,648
Lexington Health Care Center of Orland Park, Inc.	20,900	47,527	26,224	10,707	14,451	119,809
Lexington Health Care Center of Schaumburg, Inc.	17,732	40,322	22,250	9,084	12,260	101,648
Lexington Health Care Center of Wheeling, Inc.	17,495	39,783	21,953	8,961	12,097	100,289
Seneca Nursing Home, Inc. d/b/a Lee Manor Nursing Residence	3,608	8,205	4,528	1,849	2,495	20,685
Total	145,293	330,399	182,315	74,433	100,461	832,901

See Accountants' Compilation Report

Facility Name & ID Number Lexington of Streamwood # 0037002 Report Period Beginning: 1/1/01 Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Royal Management Corp.
Street Address 665 W. North Avenue, Suite 500
City / State / Zip Code Lombard, IL 60148
Phone Number (630) 458-4700
Fax Number (630) 458-4796

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities - gas & electric	Bed Days	751,703	11	\$ 26,007	\$	81,760	\$ 2,829	1
2	5	Utilities - water & sewer	Bed Days	751,703	11	3,397		81,760	369	2
3	6	Repairs & maintenance	Bed Days	751,703	11	6,818		81,760	742	3
4	6	Scavenger & exterminating	Bed Days	751,703	11	2,851		81,760	310	4
5	6	Security Service	Bed Days	751,703	11	125		81,760	14	5
6	19	Computer consultant & supplies	Bed Days	751,703	11	52,068		81,760	5,663	6
7	19	Professional fees	Bed Days	751,703	11	16,027		81,760	1,743	7
8	20	Advertising - help wanted	Bed Days	751,703	11	24,766		81,760	2,694	8
9	20	Dues & subscriptions	Bed Days	751,703	11	5,496		81,760	598	9
10	21	Bank charges	Bed Days	751,703	11	29,664		81,760	3,226	10
11	21	Communications	Bed Days	751,703	11	5,359		81,760	583	11
12	21	Office supplies & printing	Bed Days	751,703	11	63,988		81,760	6,960	12
13	21	Postage	Bed Days	751,703	11	27,021		81,760	2,939	13
14	21	Telephone	Bed Days	751,703	11	70,716		81,760	7,692	14
15	22	FICA	Bed Days	751,703	11	263,374		81,760	28,646	15
16	22	FUTA	Bed Days	751,703	11	5,433		81,760	591	16
17	22	SUTA	Bed Days	751,703	11	10,292		81,760	1,119	17
18	22	Insurance - W/C	Bed Days	751,703	11	3,319		81,760	361	18
19	22	Insurance - Hospitalization	Bed Days	751,703	11	109,982		81,760	11,962	19
20	22	401(k) and other emp. benefits	Bed Days	751,703	11	36,931		81,760	4,017	20
21	24	Travel & seminar	Bed Days	751,703	11	15,373		81,760	1,672	21
22	25	Auto expense	Bed Days	751,703	11	88,927		81,760	9,672	22
23										23
24										24
25	TOTALS					\$ 867,934	\$		\$ 94,402	25

Ending: 12/31/01

(630) 458-4796

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	26	Insurance - general	Bed Days	751,703	11	\$ 21,896	\$ 81,760	\$ 2,382	1
2	30	Depreciation - vehicles	Bed Days	751,703	11	37,022	81,760	4,027	2
3	30	Depreciation - leasehold improv.	Bed Days	751,703	11	22,789	81,760	2,479	3
4	30	Depreciation - equipment	Bed Days	751,703	11	60,826	81,760	6,616	4
5	32	Interest	Bed Days	751,703	11	11,844	81,760	1,288	5
6	33	Property taxes	Bed Days	751,703	11	16,719	81,760	1,818	6
7	35	Equipment rental	Bed Days	751,703	11	6,049	81,760	658	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 177,145	\$	\$ 19,268	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
	A. Directly Facility Related										
	Long-Term										
1	Lexington Financial						\$			\$	1
2	Services, L.L.C.	x		Mortgage	Varies	2/01/96	5,985,000	5,205,832	2/06/26	Variable	362,910
3											3
4											4
5											5
	Working Capital										
6	Shareholders	x		Working capital	None	Various	1,154,048	380,592	Demand	0.0500	19,715
7											7
8											8
9	TOTAL Facility Related						\$ 7,139,048	\$ 5,586,424			\$ 382,625
	B. Non-Facility Related*										
10							Amortization of mortgage costs				4,753
11							Interest income offset				(12,594)
12							Non-allowable interest				(7,121)
13							Allocated from management company				1,288
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (13,674)
15	TOTALS (line 9+line14)						\$ 7,139,048	\$ 5,586,424			\$ 368,951

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington of Streamwood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037002

CONTACT PERSON REGARDING THIS REPORT Susan Rojek

TELEPHONE (630) 458-4700 FAX #: (630) 458-4796

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 06-25-300-006-0000	Land & Building	\$ 454,959.53	\$ 454,959.53
2. Royal Management Corp. (Omni Partners)		\$	\$
3. 06-19-201-018	Land & Building	\$ 68,214.22	\$ 1,818.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 523,173.75	\$ 456,777.53

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,942

B. General Construction Type: Exterior Concrete block

Frame Steel

Number of Stories 3

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	30,000	1991	\$ 211,400	1
2					2
3	TOTALS	30,000		\$ 211,400	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)											
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	200		1991	1,991	\$ 5,248,322	\$	35	\$ 149,952	\$ 149,952	\$ 1,574,497	4
5	10		1993	1,993	105,236		35	3,007	3,007	25,557	5
6	14		1995	1,995	82,650	2,361	35	2,361		15,349	6
7											7
8											8
	Improvement Type**										
9	Building Improvement		1993		7,336		35	210	210	1,785	9
10	Land Improvements		1995		7,000	467	15	467		3,034	10
11	Kitchen & Nurses Station		1996		12,316	352	35	352		1,936	11
12	Piping		1996		3,139	90	35	90		494	12
13	Basement remodeling		1997		20,204	2,020	10	2,020		8,754	13
14	Floor Repairs		1997		555	56	10	56		228	14
15	Corner Guards		1997		998	100	10	100		408	15
16	Corner Guards		1998		3,563	356	10	356		1,246	16
17	Wiring		1998		2,050	205	10	205		718	17
18	Tile		1998		11,696	1,170	10	1,170		3,510	18
19	Patio		1999		12,011	801	15	801		1,669	19
20	Parking lot		2000		1,773	177	10	177		266	20
21	110-ton A/C Unit		2000		6,922	692	10	692		1,038	21
22	Rods for bedside curtains		2000		5,872	587	10	587		881	22
23	Automatic Doors		2000		1,300	130	10	130		195	23
24	Rehab project: carpeting, wallcovering, handrails, painting		2000		85,196	8,519	10	8,519		12,779	24
25	Compressor / tube bundles-cooling system		2001		12,922	646	10	646		646	25
26	Rehab project: resident rooms, corridors, dining room		2001		216,019	5,400	10	5,400		5,400	26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Allocated from management company	1995	\$ 10,923	\$	35	\$ 339	\$ 339	\$ 2,029	37
38	Allocated from management company	1996	8,890		35	275	275	1,397	38
39	Allocated from management company	1989	306		31	9	9	134	39
40	Allocated from management company - HVAC	1998	230		35	7	7	26	40
41	Allocated from management company - offices	1999	581		35	18	18	42	41
42	Allocated from management company - offices	2000	276		35	9	9	14	42
43	Allocated from management company	1987	56,207		31	1,741	1,741	24,616	43
44	Allocated from management company	1993	30		39	1	1	6	44
45	Allocated from management company	1995	1,266		39	39	39	210	45
46	Allocated from management company	1996	254		39	8	8	34	46
47	Allocated from management company - Sidewalk	1998	529		39	16	16	46	47
48	Allocated from management company - Roof	1998	19		15	1	1	6	48
49	Allocated from management company - Awnings	1999	149		39	5	5	10	49
50	Allocated from management company - Parking lot	1999	327		15	10	10	75	50
51	Allocated from management company - Façade	2001	46		39	1	1	1	51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,927,113	\$ 24,129		\$ 179,777	\$ 155,648	\$ 1,689,036	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$200,250	\$23,361	\$25,561	\$2,200	5-10 years	\$124,520	71
72	Current Year Purchases	7,747	775	775	0	5-10 years	352	72
73	Fully Depreciated Assets	373,147		18,338	18,338		373,147	73
74	Allocated from Mgmt. Co.	71,466		6,616	6,616		51,927	74
75	TOTALS	\$652,610	\$24,136	\$51,290	\$27,154		\$549,946	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	0		\$	76
77							0			77
78							0			78
79	Allocated from Mgmt. Co.			32,352		4,027	4,027		21,075	79
80	TOTALS			\$32,352	\$	\$4,027	\$4,027		\$21,075	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$6,823,475	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$48,265	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$235,094	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$186,829	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,260,057	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☒ NO
16. Rental Amount for movable equipment: \$1,163
- Description: Postage meter: \$505; Allocated from Management Company: \$658
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

It is the policy of this facility to only hire certified nurses aides
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

☐ YES

☒ NO

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	Nurse Aide Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	16,530	\$ 235,836	\$	16,530	\$ 235,836	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		3,743	56,685		3,743	56,685	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		21,571	222,077		21,571	222,077	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				105,564		105,564	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See attached Schedule D					70,691			70,691	13
14	TOTAL			\$	41,844	\$ 585,289	\$ 105,564	41,844	\$ 690,853	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule D

Schedule XIV. Special Services
Line 13, Other

Service	Cost	Line Reference
Clinitron Beds	25,470	L 39, C 3
Oxygen	41,293	L 39, C 3
Laboratory	2,035	L 39, C 3
Radiology	1,893	L 39, C 3
Total	70,691	

See Accountants' Compilation Report

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (38,691)	\$ (16,327)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 300,000)	1,700,086	1,700,086	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,394	53,394	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	71,348	68,127	8
9	Other(specify): See attached Schedule E	30,521	30,521	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,816,658	\$ 1,835,801	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	113,088	113,088	12
13	Land		211,400	13
14	Buildings, at Historical Cost		5,353,558	14
15	Leasehold Improvements, at Historical Cost	486,186	573,555	15
16	Equipment, at Historical Cost	192,370	684,962	16
17	Accumulated Depreciation (book methods)	(170,679)	(2,260,057)	17
18	Deferred Charges		465	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Unamortized loan costs		97,935	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 620,965	\$ 4,774,906	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,437,623	\$ 6,610,707	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 275,487	\$ 275,487	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	380,592	380,592	29
30	Accrued Salaries Payable	174,641	174,641	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,784	1,784	31
32	Accrued Real Estate Taxes(Sch.IX-B)		480,000	32
33	Accrued Interest Payable		43,286	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached Schedule E	614,481	87,736	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,446,985	\$ 1,443,526	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,205,832	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 0	\$ 5,205,832	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,446,985	\$ 6,649,358	46
47	TOTAL EQUITY(page 18, line 24)	\$ 990,638	\$ (38,651)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,437,623	\$ 6,610,707	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule E

XV. Balance Sheet
A. Current Assets

9. Other Current Assets		
<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Due from third party	30,521	30,521
Total line 9	<u>30,521</u>	<u>30,521</u>

XV. Balance Sheet
C. Current Liabilities

36. Other Current Liabilities		
<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Accrued rent	526,745	-
Accrued management fees	23,645	23,645
Accrued 401 (k) contribution	14,696	14,696
Other accrued expenses	49,395	49,395
Total line 36	<u>614,481</u>	<u>87,736</u>

XVII. Income Statement
E. Other Revenue

28. Other Revenue		
<u>Description</u>	<u>Amount</u>	
Miscellaneous Income	2,947	
Investment Income in Lexington Financial Services, LLC	3,345	
Total line 28	<u>6,292</u>	

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 931,663	1
2	Restatements (describe):		2
3	Prior years post closing entries	69,435	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,001,098	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(10,460)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (10,460)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 990,638	24 *

Operating entity only
* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,634,965	1
2	Discounts and Allowances for all Levels	(334,930)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,300,035	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	875,331	6
7	Oxygen	5,502	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 880,833	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	3,689	12
13	Barber and Beauty Care	24,288	13
14	Non-Patient Meals	162	14
15	Telephone, Television and Radio	188	15
16	Rental of Facility Space		16
17	Sale of Drugs	160,183	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	17,751	19
20	Radiology and X-Ray	1,990	20
21	Other Medical Services	71,287	21
22	Laundry	4,303	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 283,841	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	12,594	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,594	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See attached Schedule E</u>	6,292	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,292	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,483,595	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,428,773	31
32	Health Care	4,227,341	32
33	General Administration	1,790,843	33
	B. Capital Expense		
34	Ownership	1,729,192	34
	C. Ancillary Expense		
35	Special Cost Centers	195,266	35
36	Provider Participation Fee	122,640	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,494,055	40
41	Income before Income Taxes (line 30 minus line 40)**	(10,460)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (10,460)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
This entity files a cash basis tax return.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,912	2,097	\$ 71,173	\$ 33.94	1
2	Assistant Director of Nursing	3,889	4,132	107,627	26.05	2
3	Registered Nurses	48,936	52,331	1,213,386	23.19	3
4	Licensed Practical Nurses	15,690	16,332	316,892	19.40	4
5	Nurse Aides & Orderlies	90,860	94,514	977,852	10.35	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,763	9,483	120,511	12.71	8
9	Activity Director	2,024	2,134	42,484	19.91	9
10	Activity Assistants	16,373	17,720	145,240	8.20	10
11	Social Service Workers	3,580	3,692	61,730	16.72	11
12	Dietician	3,270	3,523	50,507	14.34	12
13	Food Service Supervisor	1,947	2,001	23,225	11.61	13
14	Head Cook	1,924	2,017	27,025	13.40	14
15	Cook Helpers/Assistants	11,192	12,062	94,131	7.80	15
16	Dishwashers	18,083	18,895	116,405	6.16	16
17	Maintenance Workers	4,478	4,806	62,393	12.98	17
18	Housekeepers	39,720	42,107	272,271	6.47	18
19	Laundry	9,979	10,614	65,934	6.21	19
20	Administrator	1,939	2,101	94,857	45.15	20
21	Assistant Administrator					21
22	Other Administrative	746	751	101,648	135.35	22
23	Office Manager					23
24	Clerical	24,287	26,225	423,850	16.16	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	309,592	327,537	\$ 4,389,141 *	\$ 13.40	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 15,996	L1, C3	35
36	Medical Director	Monthly	15,375	L9, C3	36
37	Medical Records Consultant	15	725	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,200	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	3,745	L11, C3	44
45	Social Service Consultant	Monthly	30,645	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	15	\$ 67,686		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5,690	\$ 139,404	L10, C3	50
51	Licensed Practical Nurses	82	1,818	L10, C3	51
52	Nurse Aides	9,918	163,654	L10, C3	52
53	TOTAL (lines 50 - 52)	15,690	\$ 304,876		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number **Lexington of Streamwood**

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	% Ownership	Amount
Chris Anderson	Administrator	0.00%	\$ 94,857
John Samatas	Admin/Plant Ops	22.33%	17,732
James Samatas	Administrative	22.33%	40,322
Cynthia Thiem	Administrative	22.34%	22,250
George Samatas	Administrative	0.00%	9,084
Jason Samatas	Administrative	0.00%	12,260
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			\$ 196,505
B. Administrative - Other			
Description		Amount	
Management fees (elimnated in column 7)		\$ 347,311	
TOTAL (agree to Schedule V, line 17, col. 3)		\$ 347,311	
(Attach a copy of any management service agreement)			
C. Professional Services			
Vendor/Payee	Type	Amount	
Aetna Life Insurance & Annuity Co.	401(k) Administration	\$ 480	
Altschuler, Melvoin & Glasser, LLP	Accounting	17,683	
American Express Tax & Bus. Svcs.	Accounting	6,634	
Doug Danenberger	Arhitectural Consulting	500	
Environetx	Space planners	242	
Global Care	IOC consulting	2,688	
McCracken, Walsh, de LaVan	Legal	1,825	
Personnel Planners	U/C Consulting	1,045	
Robert Stachura	Accounting	27	
Systematic Management Systems	Billing Consultant	7,268	
James Samatas	Legal	82	
See attached Schedule F		18,344	
TOTAL (agree to Schedule V, line 19, column 3)			
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 56,818
D. Employee Benefits and Payroll Taxes			
Description		Amount	
Workers' Compensation Insurance		\$ 46,956	
Unemployment Compensation Insurance		23,902	
FICA Taxes		322,752	
Employee Health Insurance		100,073	
Employee Meals		11,017	
Illinois Municipal Retirement Fund (IMRF)*			
401(k) Contribution		17,256	
CNA Transportation		71,279	
Other Employee Benefits		11,758	
TOTAL (agree to Schedule V, line 22, col.8)		\$ 604,993	
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #	Amount	
		\$	
TOTAL		\$	
F. Dues, Fees, Subscriptions and Promotions			
Description		Amount	
IDPH License Fee		\$	
Advertising: Employee Recruitment		45,004	
Health Care Worker Background Check (Indicate # of checks performed 59)		708	
Miscellaneous Licenses, Permits		1,586	
Miscellaneous Dues & Subs		706	
Allocated from management company		598	
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)		\$ 48,602	
G. Schedule of Travel and Seminar**			
Description		Amount	
Out-of-State Travel		\$	
In-State Travel			
Seminar Expense		4,244	
Allocated from management company		1,672	
Entertainment Expense	()
TOTAL (agree to Sch. V, line 24, col. 8)		\$ 5,916	

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

Lexington Health Care Center of Streamwood, Inc.
Provider # 0037002
1/1/01 - 12/31/01

Schedule F

XIX. Support Schedules
C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Sachnoff & Weaver	Legal	6,374
Freedman, Anselmo, & Lindberg	Legal - Collections	7,400
Royal Management Corp	Web Project	369
AAD	Computer Services	413
AIM	Computer Services	2,570
ICI	Computer Services	1,218
		<u>18,344</u>
Total, Agrees to Schedule V, Line 19, Column 3		<u><u>56,818</u></u>
Allocated from management co.		
Altschuler, Melvoin & Glasser, LLP/		
American Express Tax & Business Services	Accounting	1,129
James Samatas	Filing and recording fees	4
Sachnoff & Weaver	Legal	56
BDO Seidman, LLP	Legal	17
Robert Stachura	Accounting	2
Pension Administrators / Aetna Life Ins & Annuity	401 (k) Administration	314
Various	Consulting	221
Various	Computer Services	5,663
Allocated from building partnership		
James Samatas	Filing and recording fees	68
Nonallowable legal fees		
Freedman, Anselmo, & Lindberg	Legal-collection fees	(7,400)
Sachnoff & Weaver	Legal - out of period fees	(2,157)
Reclassifications		
McCracken, Walsh, DeLavan & Hetler	Legal	(1,825)
Total, Agrees to Schedule V, Line 19, Column 8		<u><u>52,910</u></u>

See accountants' compilation report.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Deferred maintenance	Dec-99	\$ 2,792	3	\$	\$ 465	\$ 931	\$ 931	\$ 465	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 2,792		\$	\$ 465	\$ 931	\$ 931	\$ 465	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

No
- (2)

Are there any dues to nursing home associations included on the cost report?

No

If YES, give association name and amount.

N/A
- (3)

Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?

N/A
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

7.5 years
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$51,225

Line

10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$122,640

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$11,017

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$162
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b.

Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

0%

d.

Have vehicle usage logs been maintained?

Adequate records are maintained

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$N/A

(17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

N/A

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

N/A

If no, please explain.

N/A

(18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

N/A

Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Adjusted Total
1. Dietary	311,293	31,352	15,996	358,641	0	358,641	0	358,641
2. Food Pr	0	269,292	0	269,292	0	269,292	-11,179	258,113
3. Housek	272,271	43,494	0	315,765	0	315,765	0	315,765
4. Laundry	65,934	23,198	0	89,132	0	89,132	-4,303	84,829
5. Heat an	0	0	203,715	203,715	0	203,715	3,198	206,913
6. Mainten	62,393	0	129,835	192,228	0	192,228	-8,804	183,424
7. Other (s	0	0	0	0	0	0	0	0
8. Total Gr	711,891	367,336	349,546	1,428,773	0	1,428,773	-21,088	1,407,685
9. Medical	0	0	15,375	15,375	0	15,375	0	15,375
10. Nursin	2,807,441	269,598	315,365	3,392,404	0	3,392,404	0	3,392,404
10a. Ther:	0	0	514,598	514,598	0	514,598	0	514,598
11. Activiti	187,724	21,120	3,745	212,589	0	212,589	0	212,589
12. Social	61,730	0	30,645	92,375	0	92,375	0	92,375
13. Nurse	0	0	0	0	0	0	0	0
14. Progra	0	0	0	0	0	0	0	0
15. Other	0	0	0	0	0	0	0	0
16. Total H	3,056,895	290,718	879,728	4,227,341	0	4,227,341	0	4,227,341
17. Admin	196,505	0	347,311	543,816	0	543,816	-347,311	196,505
18. Direct	0	0	0	0	0	0	0	0
19. Profes	0	0	56,818	56,818	0	56,818	-3,908	52,910
20. Fees,	0	0	45,310	45,310	0	45,310	3,292	48,602
21. Cleric:	423,850	30,514	27,074	481,438	0	481,438	21,239	502,677
22. Emplo	0	0	547,280	547,280	0	547,280	57,713	604,993
23. Inservi	0	0	0	0	0	0	0	0
24. Travel	0	0	4,244	4,244	0	4,244	1,672	5,916
25. Other .	0	0	17	17	0	17	9,672	9,689
26. Insura	0	0	111,920	111,920	0	111,920	2,382	114,302
27. Other	0	0	0	0	0	0	0	0
28. Total C	620,355	30,514	1,139,974	1,790,843	0	1,790,843	-255,249	1,535,594
29. Total C	4,389,141	688,568	2,369,248	7,446,957	0	7,446,957	-276,337	7,170,620
30. Depre:	0	0	48,264	48,264	0	48,264	186,830	235,094
31. Amorti	0	0	0	0	0	0	0	0
32. Interes	0	0	19,715	19,715	0	19,715	349,236	368,951
33. Real E	0	0	0	0	0	0	464,351	464,351
34. Rent -	0	0	1,660,708	1,660,708	0	1,660,708	#####	0
35. Rent -	0	0	505	505	0	505	658	1,163
36. Other	0	0	0	0	0	0	0	0
37. Total C	0	0	1,729,192	1,729,192	0	1,729,192	-659,633	1,069,559
38. Medic:	0	0	0	0	0	0	0	0
39. Ancilla	0	105,564	70,691	176,255	0	176,255	0	176,255
40. Barber	0	0	19,512	19,512	0	19,512	0	19,512
41. Coffee	0	0	1,303	1,303	0	1,303	0	1,303
42. Provid	0	0	122,640	122,640	0	122,640	0	122,640
43. Other	0	0	-1,804	-1,804	0	-1,804	1,804	0
44. Total S	0	105,564	212,342	317,906	0	317,906	1,804	319,710
45. Grand	4,389,141	794,132	4,310,782	9,494,055	0	9,494,055	-934,166	8,559,889

	Operating	After Consolidation
General Service Cost Center		
1. Cash on	-38,691	-16,327
2. Cash - F	0	0
3. Account	1,700,086	1,700,086
4. Supply I	0	0
5. Short-Te	0	0
6. Prepaid	53,394	53,394
7. Other Pr	0	0
8. Account	71,348	68,127
9. Other (s	30,521	30,521
10. Total ci	1,816,658	1,835,801
LONG TERM ASSETS		
11. Long-T	0	0
12. Long-T	113,088	113,088
13. Land	0	211,400
14. Buildin	0	5,353,558
15. Leaseh	486,186	573,555
16. Equipm	192,370	684,962
17. Accum	-170,679	#####
18. Deferre	0	465
19. Organi	0	0
20. Accum	0	0
21. Restric	0	0
22. Other L	0	0
23. other (s	0	97,935
24. Total L	620,965	4,774,906
25. Total A	2,437,623	6,610,707
CURRENT LIABILITIES		
26. Accour	275,487	275,487
27. Officer'	0	0
28. Accour	0	0
29. Short-T	380,592	380,592
30. Accrue	174,641	174,641
31. Accrue	1,784	1,784
32. Accrue	0	480,000
33. Accrue	0	43,286
34. Deferre	0	0
35. Federa	0	0
36. Other C	614,481	87,736
37. Other C	0	0
38. Total C	1,446,985	1,443,526
LONG TERM LIABILITES		
39.Long-Te	0	0
40.Mortgaç	0	5,205,832
41.Bonds F	0	0
42.Deferre	0	0
43.Other L	0	0
44.Other L	0	0
45.Total Lc	0	5,205,832
46.Total Li:	1,446,985	6,649,358
47.Total Ec	990,638	-38,651
48.Total Li:	2,437,623	6,610,707

	Balance per	
	Medicaid	
	Trial Balance	
1. Gross F	8,634,965	
2. Discour	-334,930	
Subtota	8,300,035	
4. Day Ca	0	
5. Other C	0	
6. Therap	875,331	
7. Oxygen	5,502	
Subtota	880,833	
9. Paymer	0	
10. Other	0	
11. Nurse	0	
12. Gift an	3,689	
13. Barber	24,288	
14. Non-P	162	
15. Teleph	188	
16. Rental	0	
17. Sale o	160,183	
18. Sale o	0	
19. Labor	17,751	
20. Radiol	1,990	
21. Other	71,287	
22. Laund	4,303	
Subtot	283,841	
24. Contrl	0	
25. Interes	12,594	
Subtot	12,594	
27. Other	6,292	
28. Other	0	
Subtot	6,292	
30. Total F	9,483,595	
31. Gener	1,428,773	
32. Health	4,227,341	
33. Gener	1,790,843	
34. Owner	1,729,192	
35. Specie	195,266	
35. Provid	122,640	
37. Other	0	
40. Total E	9,494,055	
41. Incom	-10,460	
42. Incom	0	
43. Net In	-10,460	

Page

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10 Attachment of Real Estate Bill and fill out form

11

12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached

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19 The bottom right side of page under **, you must write in any comments

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RECONCILIATION REPORT

Lexington of Streamwoo

03:16 PM

11/07/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-934,166	equal to	-934,166	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	368,951	equal to	368,951	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	464,351	equal to	464,351	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	235,094	equal to	235,094	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	1,163	equal to	1,163	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	514,598	equal to	514,598	0	O.K.	Pg16 Z12+Z14..	N/A,B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	105,564	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,428,773	equal to	1,428,773	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	4,227,341	equal to	4,227,341	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	1,790,843	equal to	1,790,843	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	1,729,192	equal to	1,729,192	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	195,266	equal to	195,266	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24++	N/A	38to41+43	4
Income Stat. Prov. Partic.	122,640	equal to	122,640	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,686,930	equal to	2,807,441	-120,511	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	187,724	equal to	187,724	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	61,730	equal to	61,730	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	311,293	equal to	311,293	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	62,393	equal to	62,393	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	272,271	equal to	272,271	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	65,934	equal to	65,934	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	196,505	equal to	196,505	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	423,850	equal to	423,850	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	4,389,141	equal to	4,389,141	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	15,996	< or = to	15,996	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	15,375	< or = to	15,375	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	306,801	< or = to	315,365	-8,564	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to52	2	Pg3 G19	N/A	10	3
Activity Consultant	3,745	< or = to	3,745	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	30,645	< or = to	30,645	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	196,505	equal to	196,505	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	347,311	equal to	347,311	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	56,818	equal to	56,818	0	FAILED	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	604,993	equal to	604,993	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	48,602	equal to	48,602	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	5,916	equal to	5,916	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	122,640	equal to	122,640	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	11,017	< or = to	57,713	-46,696	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	11,017	equal to	11,017	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	5,064	equal to	5,635	-571	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-900,117	equal to	-900,117	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4I	B.	14	8
Total loan balance	5,586,424	equal to	5,586,424	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	480,000	equal to	480,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	211,400	equal to	211,400	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	5,927,113	equal to	5,927,113	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	684,962	equal to	684,962	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	2,260,057	equal to	2,260,057	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	990,638	equal to	990,638	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-10,460	equal to	-10,460	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	465	equal to	465	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,437,623	equal to	2,437,623	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1